

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

FOR STATE
HEALTH DEPT.

05676

05679

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death if necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print)	First Mary	Middle Lavina	Last Bailey	2d. DATE KNOWN OF ESTI- DEATH MATED <input checked="" type="checkbox"/>	Month 4	Day 19	Year 1968	2b. HOUR 825 P.M.			
3. SEX Female	4. RACE White	S. DATE OF BIRTH Feb. 13, 1885	6. AGE (in years last birthday) 83 YRS	IF UNDER 1 YEAR MONTHS 2	IF UNDER 24 HRS DAYS 6	HOURS 	MIN. 	2c. DATE PRONOUNCED DEAD Month 4	Day 19	Year 1968	2d. HOUR 835 P.M.
7b. BIRTHPLACE (State or foreign country) Westernport, Md.	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED <input type="checkbox"/>	NEVER MARRIED <input type="checkbox"/>	9. COUNTY OF DEATH Garrett							
10. CITY OR TOWN OF DEATH Oakland	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Cuppett-Weeks Nursing Home			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Retired House Wife			12b. KIND OF BUSINESS OR INDUSTRY Home				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE W.Va.	13b. COUNTY Mineral	13c. CITY OR TOWN Keyser	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER 							
14. FATHER'S NAME John Edward Brown	First	Middle	Last	15. MOTHER'S MAIDEN NAME Mary Lavina Grady							
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16b. SOCIAL SECURITY NO. (If yes, give war or dates of service) No	17. INFORMANT Evelyn D. Bodine, Richmond, Va.	ADDRESS (Daughter)								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4369 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Arteriosclerosis, generalized DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Days							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 331X Prior cerebral vascular accident											
19a. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?			20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH <input type="checkbox"/> WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK		21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)							
21d. INJURY OCCURRED <input type="checkbox"/> WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)		21f. LOCATION Street or R.F.D. No.		City or Town		County		State	
22o. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>											
ACTUAL SIGNATURE <i>James H. Feaster, Jr., M.D.</i>		CHIEF MEDICAL EXAMINER <input type="checkbox"/>		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>		22b. DATE SIGNED 4-19-68					
EXAMINER'S NAME (Type)		M.D.		DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>		ADDRESS (Street, city, town, or county) Oakland, Garr., Md.					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-22-68		23c. NAME OF CEMETERY OR CREMATORIAL Philos Cemetery		23d. LOCATION (City or Town) Westernport, Md.		(County)		(State)	
24. FUNERAL DIRECTOR <i>Thomas R. Smith, Jr., Keyser, W. Va.</i>		ADDRESS		25a. REC'D BY REGISTRAR		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>					
				DATE APR 22 1968							

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

05680

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print)		First John Wesley Franklin Beeman	Middle	Last	2a. DATE OF DEATH Month April	Day 23	Year 1968	2b. HOUR 10:55
3. SEX Male	4. RACE White	5. DATE OF BIRTH July 31, 1900		6. AGE (In years last birthday) 67	7. IF UNDER 1 YEAR MONTHS YRS.		8. IF UNDER 24 HRS. HOURS MIN.	
7a. BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH Garrett County					
10. CITY OR TOWN OF DEATH Oakland		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Garrett Co. Memorial Hosp.		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Laborer		12b. KIND OF BUSINESS OR INDUSTRY State Roads		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland	13b. COUNTY Garrett	13c. CITY OR TOWN Deer Park	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER Route # 1, Box # A-1				
14. FATHER'S NAME First Thomas	Middle William	Last Beeman	15. MOTHER'S MAIDEN NAME First Middle Last Emma Maude Stewart					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No	16b. SOCIAL SECURITY NO. (If yes give war or dates of service) 215-05-2205	17. INFORMANT Mrs. Lucy E. Beeman	Address Deer Park, Rt. 1, Md.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)								
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarct BETWEEN ONSET AND DEATH 5 days								
4109 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause Unknown								
(b) Arteriosclerotic Cardio-Vascular Disease DUE TO, OR AS A CONSEQUENCE OF Unknown								
(c)								
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								
4201								
19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
21a. ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. 19 P.M.	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Nov. 26, 1965					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) Office Building, Etc.	21f. LOCATION Street or R.F.D. No. Deer Park	City or Town Deer Park	County Md.	State		
22a. I certify that (I) (the hospital) attended the deceased from Nov. 26, 1965 , to April 23, 1968 , that (I) (we) last saw the deceased alive on April 23, 1968 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.								
22b. SIGNATURE H. H. Leighton		DEGREE MD.	ATTENDING PHYS. <input checked="" type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED 25 Apr 68		
22d. PHYSICIAN'S NAME (Type) Dr. H. H. Leighton		22e. ADDRESS Oakland, Maryland 21550						
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/27/68	23c. NAME OF CEMETERY OR CREMATORIAL Deer Park Cemetery	23d. LOCATION (City or Town) Deer Park, Md.		(County) 	(State) 		
24. FUNERAL DIRECTOR Gerald D. Minnich	ADDRESS Oakland, Maryland	25a. REC'D BY REGISTRAR Charles J. Charles	25b. REGISTRAR'S SIGNATURE Charles J. Charles	DATE APR 30 1968				

2530

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

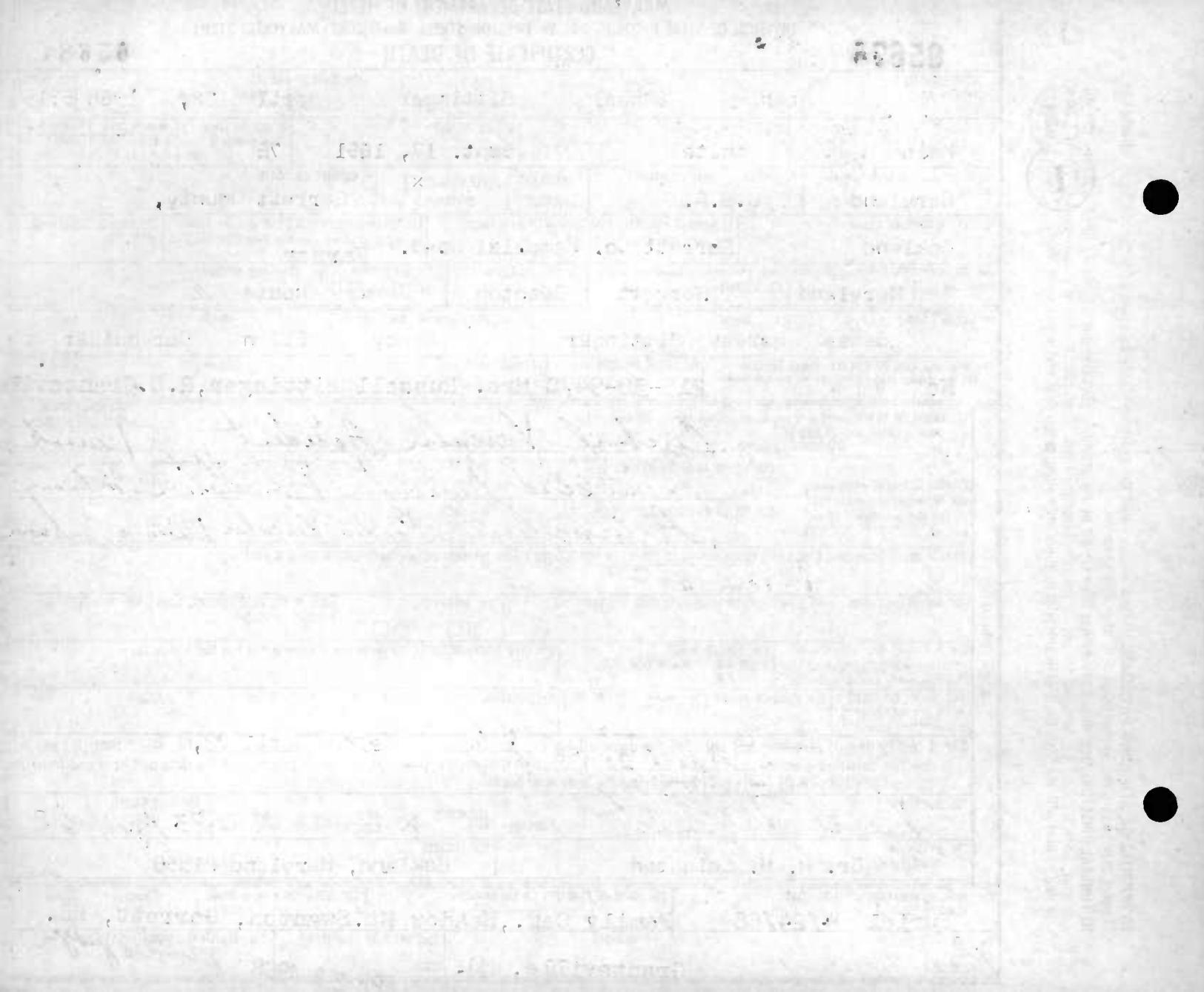
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05675

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper pages 1 and 2 from this section and file with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 12 hours of the death.

1. DECEASED-NAME (Type or print)	First Noah	Middle (None)	Lost Bittinger	2a. DATE OF DEATH April Month 22, Year 1968	2b. HOUR 5:15 M
3. SEX Male	4. RACE White	5. DATE OF BIRTH Sept. 17, 1891		6. AGE (In years last birthday) 76 yrs.	IF UNDER 1 YEAR MONTHS DAYS HOURS MIN.
7a. BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH Garrett County,		
10. CITY OR TOWN OF DEATH Oakland	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Garrett Co. Memorial Hosp.		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Farmer		12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland	13b. COUNTY Garrett	13c. CITY OR TOWN Swanton	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER Route # 2	
14. FATHER'S NAME James Harvey Bittinger	15. MOTHER'S MAIDEN NAME Nancy Ellen Burkholder				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16b. SOCIAL SECURITY NO. 215-36-9470	17. INFORMANT Mrs. Russell Bittinger, R.D. Grantsville	Address Md.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Vascular Accident</u> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4129 <u>1 week</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.					
DUE TO, OR AS A CONSEQUENCE OF (b) <u>Uncontrolled Atrial Fibrillation</u> Unknown DUE TO, OR AS A CONSEQUENCE OF (c) <u>Arteriosclerotic Cardio Vascular Disease</u> Unknown					
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 4331 <u>Uremia</u>					
19a. DATE OF OPERATION 4331	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)		
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County
22a. I certify that (I) (this hospital) attended the deceased from <u>July 1967</u> , to <u>April 22, 1968</u> , that (I) (we) lost saw the deceased alive on <u>April 21, 1968</u> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.					
22b. SIGNATURE <u>Dr. H. H. Leighton</u>		DEGREE ATTENDING PHYS.	MED. DIRECTOR <input checked="" type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED <u>23 April 1968</u>
22d. PHYSICIAN'S NAME (Type) Dr. H. H. Leighton		22e. ADDRESS Oakland, Maryland 21550			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/24/68	23c. NAME OF CEMETERY OR CREMATORIAL Family Cem., Meadow Mt. Swanton, Garrett, Md.		23d. LOCATION (City or Town) Garrett, Md.	(County) Md.
24. FUNERAL DIRECTOR <u>Chuck Pearson</u>	ADDRESS Grantsville, Md.		25a. REC'D BY REGISTRAR APR 29 1968	25b. REGISTRAR'S SIGNATURE <u>Charles Judge</u>	



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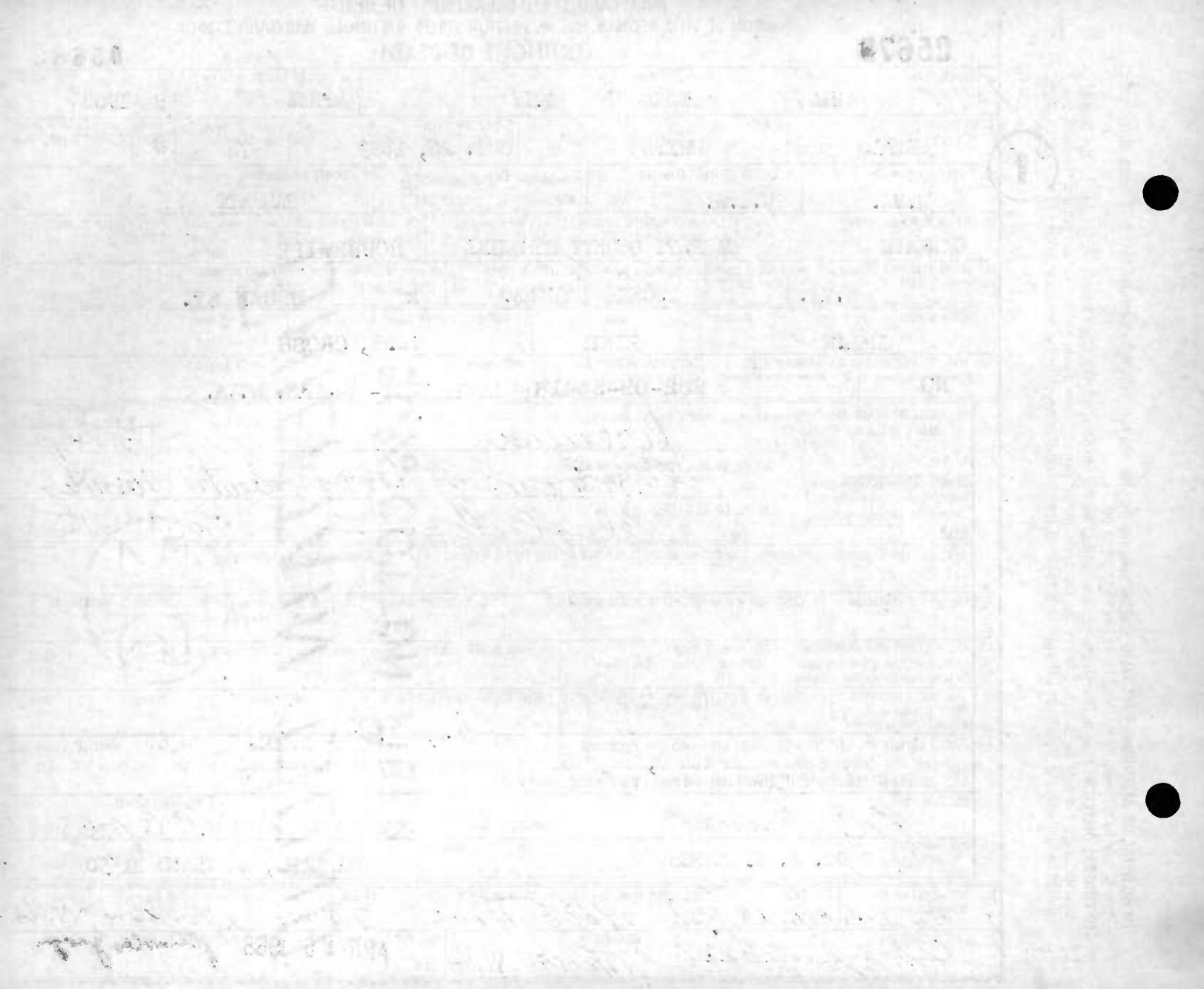
CERTIFICATE OF DEATH

05682

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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1. DECEASED NAME (Type or print)		First ANNA	Middle NONE	Last BOIT	2a. DATE OF DEATH APRIL Month Day 9 Year 1968	2b. HOUR M.
3. SEX FEMALE		4. RACE WHITE	5. DATE OF BIRTH OCT. 26, 1893		6. AGE (In years lost birthday) 74 YRS.	IF UNDER 1 YEAR MONTHS DAYS HOURS MIN.
7. BIRTHPLACE (State or foreign country) W.VA.		8. CITIZEN OF WHAT COUNTRY? U.S.A.	9. MARRIED X NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH GARRETT		
10. CITY OR TOWN OF DEATH OAKLAND		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) GARRETT COUNTY MEMORIAL		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) HOUSEWIFE		12b. KIND OF BUSINESS OR INDUSTRY Md.
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE W.VA.		13b. CITY OR TOWN TUCKER	13c. CITY OR TOWN THOMAS	13d. INSIDE CITY LIMITS? YES X NO	13e. STREET AND NUMBER BROWN ST.	
14. FATHER'S NAME First JOSEPH		Middle SUDER	15. MOTHER'S MAIDEN NAME First MARY, CROSS			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, unknown NO		16b. SOCIAL SECURITY NO. 232-09-5341	17. INFORMANT H. LOUIS BOIT - THOMAS, W.VA.	Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 5710		liver DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 days		
(b) DUE TO, OR AS A CONSEQUENCE OF last.		carboses of liver - acute months				
(c) alcoholism		months				
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 5811						
19a. MEDICAL CERTIFICATION DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State
22a. I certify that (I) (this hospital) attended the deceased from <u>APRIL 9, 1968</u> , to <u>APRIL 9, 1968</u> , that (I) (we) last saw the deceased alive on <u>APRIL 9, 1968</u> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.						
22b. SIGNATURE <i>Le E. Mance</i>		DEGREE ATTENDING PHYS.	MED. DIRECTOR <input checked="" type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED 90/68	
22d. PHYSICIAN'S NAME (Type) DR. A. E. MANCE		22e. ADDRESS OAKLAND, MARYLAND 21550				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE APR. 13, 1968	23c. NAME OF CEMETERY OR CREMATORIAL Rose Hill	23d. LOCATION (City or Town) THOMAS, TUCKER, W.VA.	(County)	(State)
24. FUNERAL DIRECTOR <i>J. A. D. Mance</i>		ADDRESS THOMAS, W.VA.	25a. REC'D. BY REGISTRAR APR 16 1968	REGISTRATION SIGNATURE <i>James J. Mance</i>		
VR A15 (4) 30M REV. 1/68						



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

05683

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)				First ZAIDEE	Middle JOSEPHINE	Lost BROWNING	2a. DATE OF DEATH April 18, 1968	2b. HOUR 3:30 M
3. SEX Female		4. RACE White	S. DATE OF BIRTH July 16, 1877	6. AGE (In years last birthday) 90		IF UNDER 1 YEAR MONTHS YRS.	IF UNDER 24 HRS. DAYS HOURS MIN.	
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH Garrett				
10. CITY OR TOWN OF DEATH Oakland		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Oak Rest Nursing Home			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) School Teacher			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md.		13b. COUNTY Garrett	13c. CITY OR TOWN Oakland	13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER 2 S. Second St.	12b. KIND OF BUSINESS OR INDUSTRY Public Sch.		
14. FATHER'S NAME First John		Middle T.	Lost Browning	15. MOTHER'S MAIDEN NAME First Florence	Middle 	Lost Jamison		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No		16b. SOCIAL SECURITY NO. (If yes give war or dates of service) 220-32-4055		17. INFORMANT Address Mrs. E. E. Michael, Oakland, Md.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 431.9 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause Cerebral Hemorrhage		DUE TO, OR AS A CONSEQUENCE OF (b) Arteriosclerosis		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 hrs				
(c) 331X		DUE TO, OR AS A CONSEQUENCE OF		years				
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 331X								
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State		
22a. I certify that (I) (this hospital) attended the deceased from _____, 19____, to _____, 19____, that (I) (we) last saw the deceased alive on _____, 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.								
22b. SIGNATURE A. E. Mance		DEGREE M.D.	ATTENDING PHYS. <input checked="" type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED 18 Apr 68		
22d. PHYSICIAN'S NAME (Type) A. E. Mance, M.D.		22e. ADDRESS Oakland, Md.						
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/18/68	23c. NAME OF CEMETERY OR CREMATORIAL St. Peter's Catholic	23d. LOCATION (City or Town) Oakland, Garrett, Md.		(County) 	(State) 	
24. FUNERAL DIRECTOR John O. Durst		ADDRESS John O. Durst, Oakland, Md.	25a. REC'D BY REGISTRAR APR 19 1968		25b. REGISTRAR'S SIGNATURE Charles Juge			

67030

DEPARTMENT OF STATE
SPECIAL AGENT IN CHARGE

OFFICE OF THE SECRETARY OF STATE
WASHINGON D. C.

DEPARTMENT OF STATE
WASHINGON D. C.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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05681

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First Alma	Middle Elnora	Last Calhoun	2o. DATE OF DEATH Month April	Day 3,	Year 1968	2b. HOUR PM 11:00
3. SEX Female	4. RACE White	5. DATE OF BIRTH Dec. 13, 1896			6. AGE (In years last birthday) 71	IF UNDER 1 YEAR MONTHS DAYS YRS.	
7o. BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH Garrett				
10. CITY OR TOWN OF DEATH Oakland	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Garrett Co. Memorial Hosp.			12a. USUAL OCCUPATION (Kind of work done during day, or kind of work if retired.) Housekeeper			12b. KIND OF BUSINESS OR INDUSTRY Own home
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland	13b. COUNTY Garrett	13c. CITY OR TOWN Mt. Lake Park	13d. INSIDE CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	13e. STREET AND NUMBER			
14. FATHER'S NAME John	Middle Calhoun	15. MOTHER'S MAIDEN NAME Ann			Middle Gibson	Last	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, unknown No	16b. SOCIAL SECURITY NO. (If yes give war or dates of service)	17. INFORMANT Mrs. Bonnie Carlson, Elyria, Ohio			Address (Neice)		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Myocardial Infarction</i> 4109 DUE TO, OR AS A CONSEQUENCE OF <i>Atherosclerotic Cardiovascular Disease</i> Conditions, if any, which gave <i>Unknown</i> rise to immediate cause (a), stating the <u>underlying cause</u> last. (b) <i>Arteriosclerotic Cardiovascular Disease</i>				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 124 hours			
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 420.1							
19a. DATE OF OPERATION MEDICAL CERTIFICATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town		County	State	
22a. I certify that (I) (this hospital) attended the deceased from <i>Feb 22, 1967</i> , to <i>April 3, 1968</i> , that (I) (we) last saw the deceased alive on <i>April 3, 1968</i> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.							
22b. SIGNATURE <i>H. H. Leighton</i>	DEGREE ATTENDING PHYS.	<input checked="" type="checkbox"/> MED. DIRECTOR	<input type="checkbox"/> STAFF PHYS.	22c. DATE SIGNED <i>6 Apr 68</i>			
22d. PHYSICIAN'S NAME (Type) Dr. H. H. Leighton	22e. ADDRESS Oakland, Maryland 21550						
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/6/68	23c. NAME OF CEMETERY OR CREMATORIAL ADDRESS Bisgah Cemetery	23d. LOCATION (City or Town) Pisgah, Preston, W.Va.			(County) (State)	
24. FUNERAL DIRECTOR John O. Durst	ADDRESS John O. Durst, Oakland, Maryland			25a. REC'D BY REGISTRAR Apr 10 1968	25b. REGISTRAR'S SIGNATURE <i>J. Durst, Jr.</i>	DATE	

CE22

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

85685

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death.
Page 4 may be retained by the hospital or attending physician.

10. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Please sign and file with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours of death.

1. DECEASED-NAME (Type or print)	First William	Middle Howard	Lost Clark	2a. DATE OF DEATH Month 4 Doy 12 Year 68	2b. HOUR 5:00 PM		
3. SEX Male	4. RACE White	5. DATE OF BIRTH Oct. 21, 1914		6. AGE (In years lost birthday) 53 yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	
7a. BIRTHPLACE (State or foreign country) Pierce, W. Va.	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH Garrett Co., Md.				
10. CITY OR TOWN OF DEATH Oakland, Md.	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Garrett Co. Memorial Hospital		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Railroad		12b. KIND OF BUSINESS OR INDUSTRY Railroad		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland	13b. COUNTY Garrett	13c. CITY OR TOWN Kitzmiller	13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER Box # 322			
14. FATHER'S NAME First John	Middle Clark	15. MOTHER'S MAIDEN NAME First Nay	Middle Dawson		Lost		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No	16b. SOCIAL SECURITY NO. 232-26-0115	17. INFORMANT Louise D. Clark (Wife)	Address Kitzmiller, Md.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 203X				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 59rs			
Conditions, if any, which gave rise to immediate cause (o), stating the <u>underlying cause</u> lost. (b) DUE TO, OR AS A CONSEQUENCE OF							
DUE TO, OR AS A CONSEQUENCE OF (c)							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 203X							
19a. MEDICAL CERTIFICATION	19b. DATE OF OPERATION	19c. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. Month Doy Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town		County	State	
22a. I certify that (I) (this hospital) attended the deceased from 3-27-68 , 19 68 , to April 12, 1968 , that (I) (we) last saw the deceased alive on April 12, 1968 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.							
22b. SIGNATURE Dr. A. E. Mance MD.	DEGREE M.D.	ATTENDING PHYS. <input checked="" type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED 12 Apr 68		
22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS Oakland, Md.						
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-15-68	23c. NAME OF CEMETERY OR CREMATORIUM Matthew Hill		23d. LOCATION (City or Town) EIK Garden	(County) Garrett	(State) Md.	
24. FUNERAL DIRECTOR Robert Kyle Brutto Jr. Kitzmiller, Md.	ADDRESS		25a. REC'D BY REGISTRAR Jeanne Jorgenson	25b. REC'D BY SIGNATURE DATE APR 17 1968			

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19640 8481953

23331

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15686

05682

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)			First	Middle	Lost	2a. DATE OF DEATH		2b. HOUR a				
			James	Washington	Helmick	Month	Day	Year				
3. SEX			4. RACE		5. DATE OF BIRTH		6. AGE (In years last birthday)					
Male			White		October 24, 1987		80	YRS.	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HRS. DAYS	HOURS	MIN.
7a. BIRTHPLACE (State or foreign country) W. Va.		7b. CITIZEN OF WHAT COUNTRY? USA		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH GARRETT						
10. CITY OR TOWN OF DEATH Oakland			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Oak Rest Nursing Home			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Laborer			12b. KIND OF BUSINESS OR INDUSTRY Timber			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Maryland		13b. COUNTY Garrett		13c. CITY OR TOWN Crellin		13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER				
14. FATHER'S NAME First John W. Helmick			15. MOTHER'S MAIDEN NAME First Phoebe			Middle Jane			Last Waybright			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? No		16b. SOCIAL SECURITY NO. 234-12-0467		17. INFORMANT Mrs. Lucille Wotring		Address Winchester, Va.						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerosis</u> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4409 years DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) stating the underlying cause (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c) 4500												
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY?		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)							
21d. INJURY OCCURRED While <input type="checkbox"/> Nat while <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)			21f. LOCATION Street or R.F.D. No.		City or Town		County		State	
22a. I certify that (I) (this hospital) attended the deceased from _____, 19____ to 19____, that (I) (we) last saw the deceased alive on _____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.												
22b. SIGNATURE <u>A. E. Shance</u>		22c. DEGREE ATTENDING PHYS.			MED. DIRECTOR <input checked="" type="checkbox"/>		STAFF PHYS. <input type="checkbox"/>		DATE SIGNED 18 Apr 68			
22d. PHYSICIAN'S NAME (Type) Burial		22e. ADDRESS										
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/19/68		23c. NAME OF CEMETERY OR CREMATORIAL Eglon Cemetery			23d. LOCATION (City or Town) Eglon		(County) W. Va.		(State)	
24. FUNERAL DIRECTOR <u>Gerald N. Minnich</u>		ADDRESS Oakland, Maryland			25a. REC'D BY REGISTRAR APR 24 1968		25b. REGISTRAR'S SIGNATURE <u>Charles Judge</u>					

**FOR STATE
HEALTH DEPT.**

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours of death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

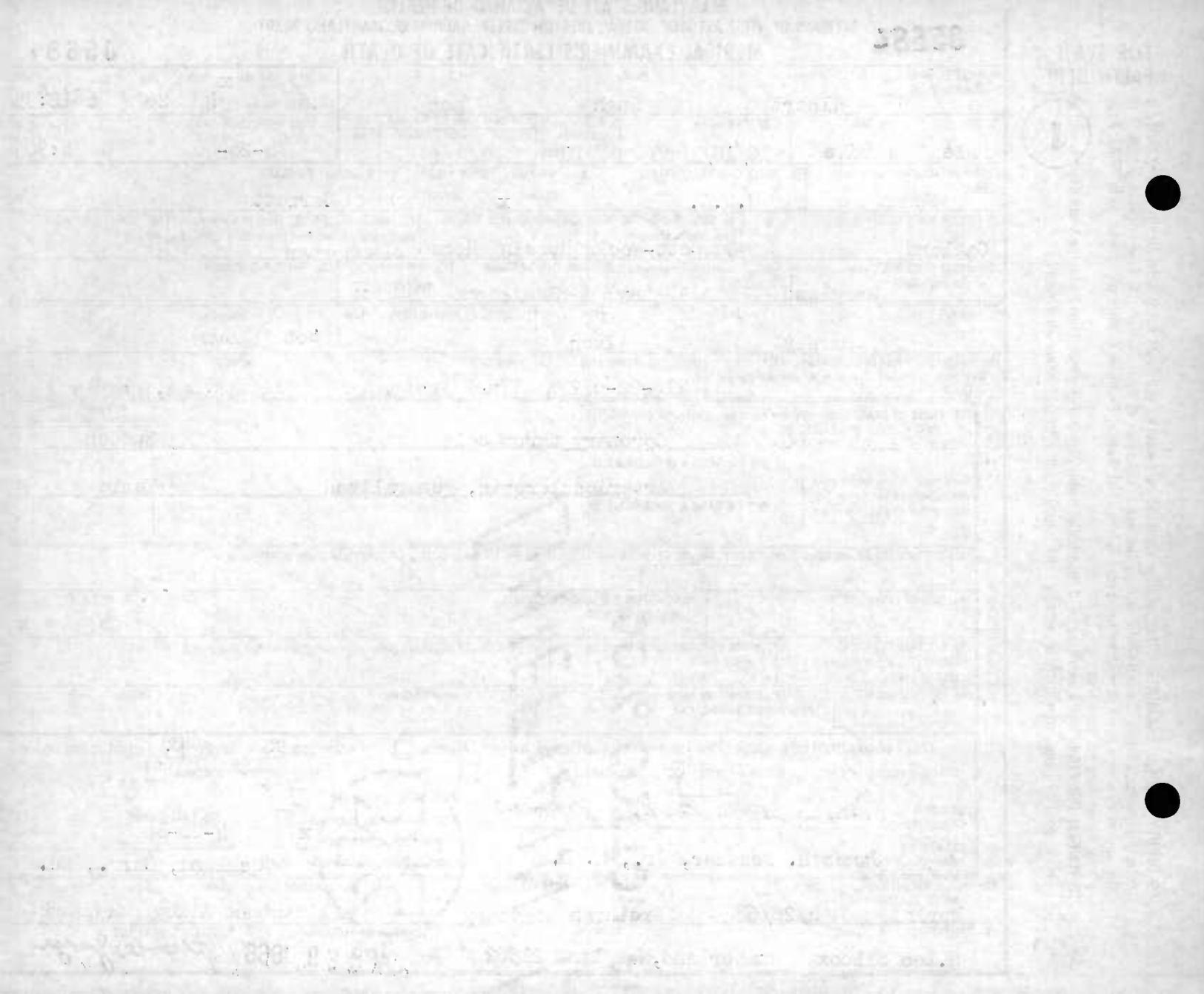
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

35687

1. DECEASED-NAME (Type or Print)		First	Middle	Last	20. DATE KNOWN <input checked="" type="checkbox"/> Month 26 Year 1681 OF ESTI- DEATH MATED <input type="checkbox"/> 4 26 Day 12:35 M	2b. HOUR A
Albert	Hugh	Imes				
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday) 87 yrs.	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HRS. DAYS	2c. DATE PRONOUNCED DEAD Month 4-26-68 Day 19 Year 19 2d. HOUR \$:30 M
Male	White	10/10/1886				
7. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Garrett
Penns		U.S.A.				
10. CITY OR TOWN OF DEATH Oakland		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Cuppett-Weeks Nursing Home		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Lumberman		12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland		13c. CITY OR TOWN Allegany		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER
14. FATHER'S NAME First Barney Middle Imes Lost		15. MOTHER'S MAIDEN NAME First (Not Known) Middle Lost				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16b. SOCIAL SECURITY NO. 216-22-6727A		17. INFORMANT Frank Teeter		ADDRESS Flintstone, Maryland
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis 410.9 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause } (b) Arteriosclerosis, generalized DUE TO, OR AS A CONSEQUENCE OF (c)						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Sudden Years
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 4201						
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)		
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)		21f. LOCATION Street or R.F.D. No.		City or Town County State
22a. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/> ACTUAL SIGNATURE James H. Feaster, Jr., M.D. M.D.						
EXAMINER'S NAME (Type) James H. Feaster, Jr., M.D.						
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/28/68	23c. NAME OF CEMETERY OR CREMATORIAL Brethren Cemetery		23d. LOCATION (City or Town) (County) (State) Flintstone Alleg. Maryland	
24. FUNERAL DIRECTOR		ADDRESS H. Lee Silcox Cumberland, Maryland 21502		25a. RECD BY REGISTRAR DATE APR 29 1968		25b. REGISTRAR'S SIGNATURE Charles J. Judge



FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1and2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. DECEASED-NAME (Type or Print)		First Charles	Middle Wesley	Lost Lee	2a. DATE KNOWN OF ESTI: DEATH MATED <input checked="" type="checkbox"/> 1-25-68	Month 1	Day 19	Year 1968	2b. HOUR 5P M			
3. SEX Male	4. RACE White	S. DATE OF BIRTH 7-24-92	6. AGE (in years last birthday) 75 YRS.	IF UNDER 1 YEAR MONTHS 0	IF UNDER 24 HRS DAYS 0	HOURS 0	MIN 0	2c. DATE PRONOUNCED DEAD Month 4	Day 25	Year 1968	2d. HOUR 5P M	
7a. BIRTHPLACE (State or foreign country) Md.		7b. CITIZEN OF WHAT COUNTRY? U. S. A.		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Garrett				
10. CITY OR TOWN OF DEATH Oakland		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Garrett Co. Mem. Hosp.		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Chaurier		12b. KIND OF BUSINESS OR INDUSTRY School Bus						
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md.		13b. COUNTY Garrett		13c. CITY OR TOWN Bloomington		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER				
14. FATHER'S NAME Abraham		First Lee	Middle Lee	Lost Lee	15. MOTHER'S MAIDEN NAME Rose		First Rose	Middle Friend	Lost Friend			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16b. SOCIAL SECURITY NO. 213-12-9645		17. INFORMANT Russell Lee		ADDRESS Rt. 1 Swanton, Md.						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular accident APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4369 7 days Conditions, if any, which gave rise to immediate cause (a). stating the underlying cause (b). last. DUE TO, OR AS A CONSEQUENCE OF (c). DUE TO, OR AS A CONSEQUENCE OF												
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 331X												
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)								
21d. INJURY OCCURRED		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)		21f. LOCATION Street or R.F.D. No.		City or Town		County		State		
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/> ACTUAL SIGNATURE <i>James H. Feaster, Jr., M.D.</i>												
M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> ADDRESS (Street, city, town, or county) Oakland, Garr., Md.												
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/28/68		23c. NAME OF CEMETERY OR CREMATORIAL George		23d. LOCATION (City or Town) Swanton		(County) Md.		(State)		
24. FUNERAL DIRECTOR <i>E. J. Boal</i>		ADDRESS Westernport, Md.		25a. REC'D BY REGISTRAR DATE Apr 29 1968		25b. REGISTRAR'S SIGNATURE <i>George</i>						

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

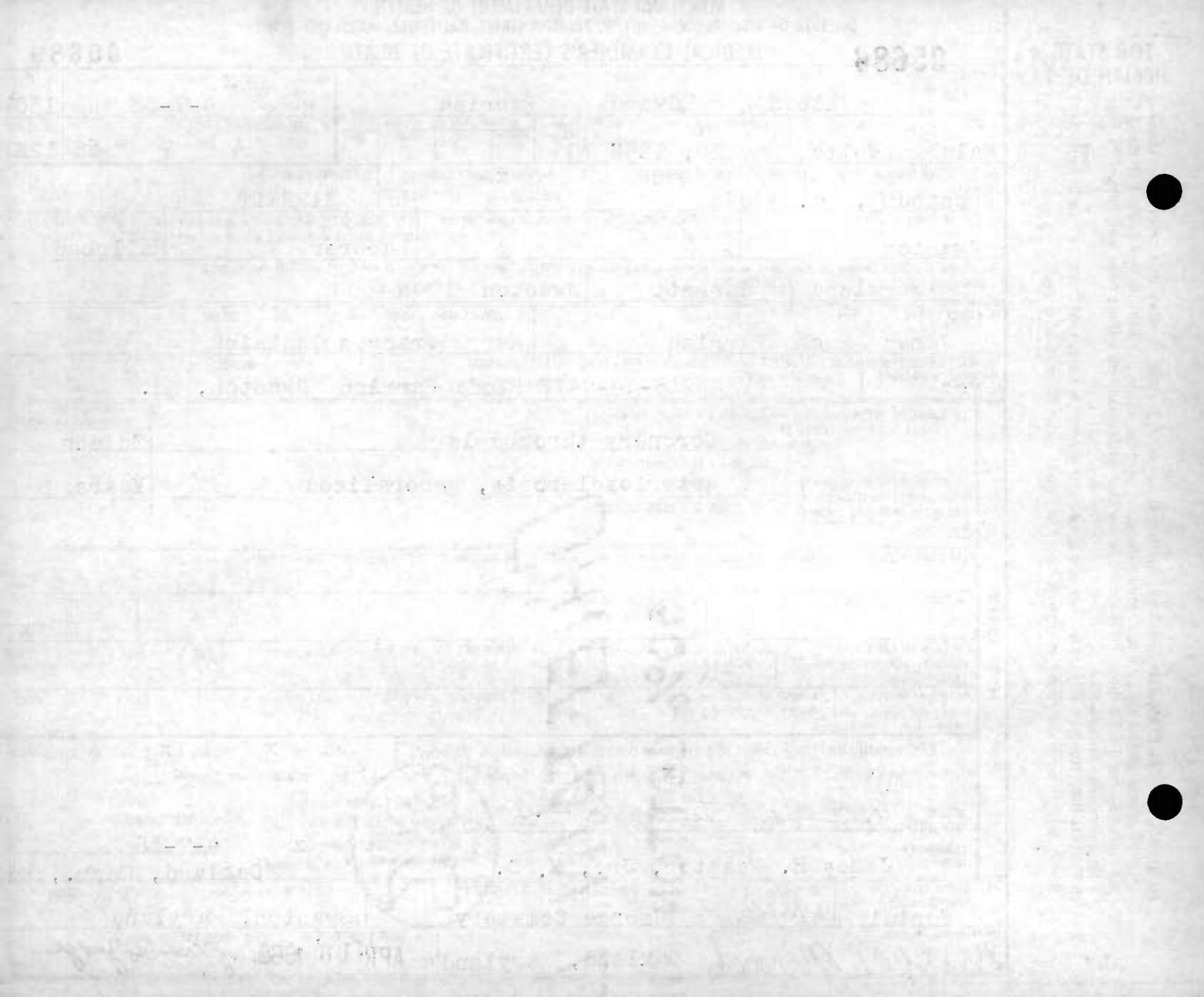
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

FOR STATE
HEALTH DEPT.

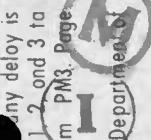
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form 10M REV. 1/68 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1and2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED NAME (Type or Print)		First	Middle	Last	2a. DATE KNOWN BY ESTI- MATED	Month	Day	Year	2b. HOUR	
		Lloyd	Edward	Parrish	<input checked="" type="checkbox"/>	4-7-68	19		130M	
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS HOURS MIN.	2c. DATE PRONOUNCED DEAD Month Day Year			2d. HOUR		
Male	White	May 20, 1888	79 YRS.		4	7	1968	12N		
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH				
Frostburg, Md.		USA				GARRETT				
10. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)			12b. KIND OF BUSINESS OR INDUSTRY		
Swanton					Laborer			Railroad		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE		13b. COUNTY		13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER				
Maryland		Garrett		Swanton						
14. FATHER'S NAME		First	Middle	Last	15. MOTHER'S MAIDEN NAME	First	Middle	Last		
James Hugh Parrish					Mary Frances					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16b. SOCIAL SECURITY NO.		17. INFORMANT		ADDRESS				
yes		(If yes give war or dates of service)		215-14-0477 Floda Parrish		Swanton, Md.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Sudden										
4109 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Arteriosclerosis, generalized</u> Years										
DUE TO, OR AS A CONSEQUENCE OF (c)										
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 4201										
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?					2d. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)						
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)		21f. LOCATION Street or R.F.D. No.		City or Town			County	State
22o. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>									22b. DATE SIGNED 4-7-68	
ACTUAL SIGNATURE <i>James H. Feaster, Jr., M.D.</i>		M.D.		CHIEF MEDICAL EXAMINER <input type="checkbox"/>		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>		DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>		
EXAMINER'S NAME (Type)		ADDRESS (Street, city, town, or county) <u>Oakland, Garr., Md.</u>								
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/9/68		23c. NAME OF CEMETERY OR CREMATORIAL George Cemetery			23d. LOCATION (City or Town) (County) (State) Swanton, Maryland			
24. FUNERAL DIRECTOR <i>Gerald D. Minich</i>		ADDRESS Oakland, Maryland		25a. REC'D BY REGISTRAR DATE APR 10 1968			25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>			



FOR STATE
HEALTH DEPT.



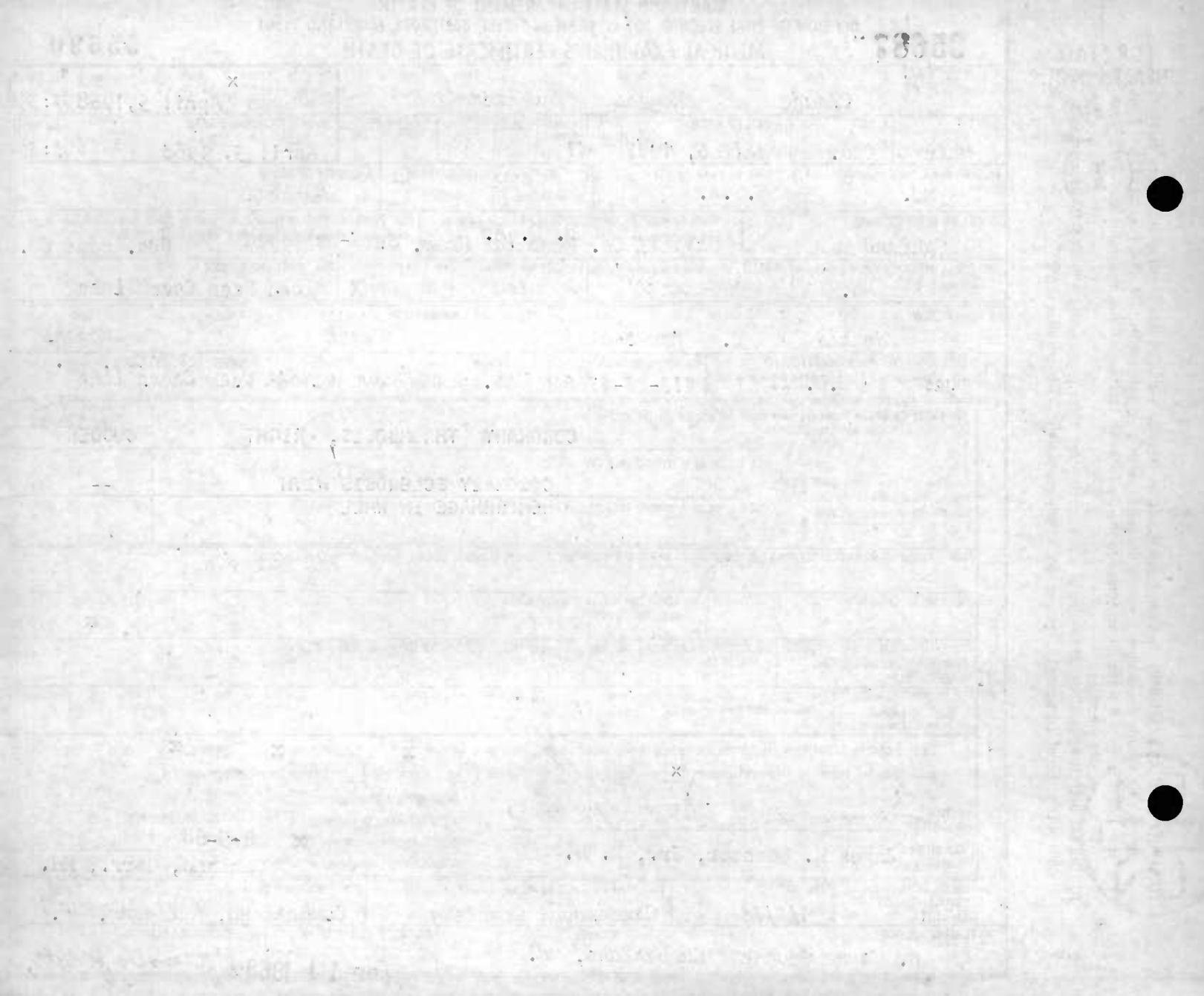
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours of death if necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours of death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. DECEASED NAME (Type or Print)			First	Middle	Last	2a. DATE KNOWN <input checked="" type="checkbox"/> OF ESTI. DEATH MATED	Month	Day	Year	2b. HOUR	
Claude Rogers Ravenscroft						April 5, 1968			7:30 AM		
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HRS DAYS	HOURS	MIN.		2d. HOUR		
Male	Cau.	April 5, 1927	41 YRS.						8:30 AM		
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH						
Md.		U.S.A.			Garrett						
10. CITY OR TOWN OF DEATH			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)			12b. KIND OF BUSINESS OR INDUSTRY		
Oakland			Garrett Co. Memorial Hosp.			Self employed			Op. Boat Co.		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE			13b. COUNTY		13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER				
Md.			Garrett		Swanton	YES <input type="checkbox"/>	Along Deep Creek Lake				
14. FATHER'S NAME			First	Middle	Last	15. MOTHER'S MAIDEN NAME	First	Middle	Last		
Norris			C.	Ravenscroft		Pearl			Rogers		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16b. SOCIAL SECURITY NO. (If yes give war or dates of service)			17. INFORMANT			ADDRESS		
yes			W.W. II			Mrs. Betty Ravenscroft			Swanton, Md.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)									APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)						CORONARY THROMBOSIS, RIGHT			SUDDEN		
4109			DUE TO, OR AS A CONSEQUENCE OF								
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.			(b)			CORONARY SCLEROSIS WITH HEMORRHAGE IN WALL			--		
			(c)								
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)											
4201											
19a. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED						2d. AUTOPSY?		
									<input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M.			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.)					
						19					
21d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)			21f. LOCATION Street or R.F.D. No.			City or Town	County	State	
22a. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>											
ACTUAL SIGNATURE <i>James H. Feaster, Jr., M.D.</i> M.D.											
EXAMINER'S NAME (Type) James H. Feaster, Jr., M.D.											
23a. BURIAL, CREMATION, REMOVAL (Specify)			23b. DATE			23c. NAME OF CEMETERY OR CREMATORIUM			23d. LOCATION (City or Town) (County) (State)		
Burial			4/8/68			Greenmount Cemetery			Cumberland, Allegany, Md.		
24. FUNERAL DIRECTOR			ADDRESS			25a. REC'D BY REGISTRAR			25b. REGISTRAR'S SIGNATURE		
H. Wayne George			Cumberland, Md.						Charles Judge		



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

05688

05691

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First Daniel	Middle Leroy	Last Reed	2a. DATE OF DEATH Month April	Day 13	Year 1968	2b. HOUR 4 P.M.
3. SEX Male	4. RACE White	5. DATE OF BIRTH Sept. 8, 1889			6. AGE (In years last birthday) 78 YRS.		
7c. BIRTHPLACE (State or foreign country) W. Va.	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED <input checked="" type="checkbox"/>	NEVER MARRIED <input type="checkbox"/>	WIDOWED <input type="checkbox"/>	DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH Garrett	
10d. CITY OR TOWN OF DEATH Bloomington	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Watchman			12b. KIND OF BUSINESS OR INDUSTRY Paper Mill
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md.	13b. COUNTY Garrett	13c. CITY OR TOWN Bloomington	13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER			
14. FATHER'S NAME First Perry	Middle Van	Last Reed	15. MOTHER'S MAIDEN NAME First Hannah	Middle	Last Barker		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	16b. SOCIAL SECURITY NO. 220-10-1083	17. INFORMANT Mae Reed			Address Bloomington, Md.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio sclerotic cardio-vascular disease with aortic stenosis 713.0 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) osteoarthritis of spine. DUE TO, OR AS A CONSEQUENCE OF (c)						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 723.1							
19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State		
22a. I certify that (I) (this hospital) attended the deceased from Jan. 20, 1968 , to Apr. 13, 1968 , that (I) (we) last saw the deceased alive on Apr. 12, 1968 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.							
22b. SIGNATURE 	22c. DATE SIGNED 4/15/68						
22d. PHYSICIAN'S NAME (Type) James H. Wolverton, Sr.	22e. ADDRESS Piedmont, W. Va.						
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/16/68	23c. NAME OF CEMETERY OR CREMATORIAL Bever			23d. LOCATION (City or Town) Bloomington, Garrett-Md.	(County)	(State)
24. FUNERAL DIRECTOR 	ADDRESS Westernport, Md.	25a. REC'D BY REGISTRAR DATE APR 16 1968			25b. REGISTRAR'S SIGNATURE 		

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JPGS

EAST COAST

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SHRIMP

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WATER LEVEL

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TEMPERATURE

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WATER LEVEL

FISH

WATER LEVEL

FISH

MINT

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

05689

05692

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial/transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)		First EMMA	Middle SALOMA	Last RINKER	2a. DATE OF DEATH APRIL 11	Month April	Day 11	Year 1968	2b. HOUR 7:50PM				
3. SEX FEMALE		4. RACE WHITE		5. DATE OF BIRTH SEPT. 12, 1881		6. AGE (In years lost birthday) 86		IF UNDER 1 YEAR MONTHS 0		IF UNDER 24 HRS. HOURS 0		MIN. 0	
7a. BIRTHPLACE (State or foreign country) W.V.A.		7b. CITIZEN OF WHAT COUNTRY? U.S.A.		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH GARRETT							
10. CITY OR TOWN OF DEATH OAKLAND		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) GARRETT COUNTY MEMORIAL		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Housework		12b. KIND OF BUSINESS OR INDUSTRY Own Home							
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE W.V.A.		13b. COUNTY GRANT		13c. CITY OR TOWN MT. STORM		13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER BOX # 71		Rt. 50			
14. FATHER'S NAME First EDWARD		Middle HAWK	Last	15. MOTHER'S MAIDEN NAME First ANNIE		Middle HANLIN	Last						
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No		16b. SOCIAL SECURITY NO. 236-36-1256		17. INFORMANT STYLAS RINKER		Address BOX # 71, MT. STORM, W.VA.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)												APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Larcomoma Stomach												18 mos.	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause 1519												years	
(b) Cancer abdomen													
(c) Colon													
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)													
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
21a. ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)									
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.		City or Town		County		State			
22a. I certify that (I) (this hospital) attended the deceased from March 18 , 19 68 , to APRIL 11, 1968 , that (I) (we) last saw the deceased alive on APRIL 11 , 19 68 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.													
22b. SIGNATURE A. E. Mance		DEGREE DR.		ATTENDING PHYS. <input checked="" type="checkbox"/>		MED. DIRECTOR <input type="checkbox"/>		STAFF PHYS. <input type="checkbox"/>		22c. DATE SIGNED 12 April 68			
22d. PHYSICIAN'S NAME (Type) DR. A. E. MANCE		22e. ADDRESS OAKLAND, MARYLAND 21550											
23a. BURIAL, CREMATION, BURIAL ASHES Buried		23b. DATE 4/14/68		23c. NAME OF CEMETERY OR CREMATORIAL Cosner Cemetery		23d. LOCATION (City or Town) Bismarck, Grant Co. W.Va.		(County) Co. W.Va.		(State) W.Va.			
24. FUNERAL DIRECTOR Amy Mildred Shephard		B. ADDRESS P.O. Kitzmiller, Md.		25a. REC'D BY REGISTRAR DD 16 1968		25b. REGISTRAR'S SIGNATURE Mildred Judge							

08330



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. If any event, within 72 hours after death, should be filed with the State Dept. of Health prior to burial, cremation, or removal.

1. DECEASED-NAME (Type or print) BENJAMIN FRANKLIN SELBY			2a. DATE OF DEATH April 29, 1968	2b. HOUR 8:00 A.M.		
3. SEX Male		4. RACE White	S. DATE OF BIRTH Oct. 25, 1880	6. AGE (In years at birthday) 87 yrs.		
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH Garrett		
10. CITY OR TOWN OF DEATH Oakland		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) 316 E. Alder St.,		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Dentist, Ret.		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md.		13b. COUNTY Garrett	13c. CITY OR TOWN Oakland	13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
14. FATHER'S NAME First Elias		Middle Greene	Last Selby	15. MOTHER'S MAIDEN NAME First Margaret		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, <input type="checkbox"/> No <input checked="" type="checkbox"/> unknown		16b. SOCIAL SECURITY NO. 212-38-6007	17. INFORMANT Mrs. B. F. Selby, Oakland, Md.	Address (Widow)		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular accident DUE TO, OR AS A CONSEQUENCE OF 436.9 Conditions, if any, which gave rise to immediate cause (a), stating the <u>underlying cause</u> last. (b) Arteriosclerosis, generalized DUE TO, OR AS A CONSEQUENCE OF (c)						
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 days						
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 331X						
MEDICAL CERTIFICATION	19a. DATE OF OPERATION 331X	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
	21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State	
22a. I certify that (I) (this hospital) attended the deceased from 4-12-67 , 19 67 , to 4-26-68 , 19 68 , that (I) <input checked="" type="checkbox"/> last saw the deceased alive on 4-26-68 , 19 68 , and that in (my) <input checked="" type="checkbox"/> opinion death occurred on the date and hour and from the causes stated above, (I) <input checked="" type="checkbox"/> did <input type="checkbox"/> not view the body after death.						
22b. SIGNATURE <i>James H. Feaster, Jr., M.D.</i>		DEGREE JAMES H. FEASTER, JR., M.D.	ATTENDING PHYS. <input checked="" type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED 4-30-68
22d. PHYSICIAN'S NAME (Type) James H. Feaster, Jr., M.D.		22e. ADDRESS Oakland, Maryland				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/1/68	23c. NAME OF CEMETERY OR CREMATORIAL Oakland Cemetery	23d. LOCATION (City or Town) Oakland, Garrett, Md.	(County)	(State)
24. FUNERAL DIRECTOR John O. Durst		ADDRESS John O. Durst, Oakland, Md.	25a. REC'D BY REGISTRAR DATE MAY 01 1968	25b. REGISTRAR'S SIGNATURE Charles Judge		

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011 012 013 014 015 016 017 018 019 020
021 022 023 024 025 026 027 028 029 030
031 032 033 034 035 036 037 038 039 040
041 042 043 044 045 046 047 048 049 050
051 052 053 054 055 056 057 058 059 060
061 062 063 064 065 066 067 068 069 070
071 072 073 074 075 076 077 078 079 080
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0131 0132 0133 0134 0135 0136 0137 0138 0139 0140
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0151 0152 0153 0154 0155 0156 0157 0158 0159 0160
0161 0162 0163 0164 0165 0166 0167 0168 0169 0170
0171 0172 0173 0174 0175 0176 0177 0178 0179 0180
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0211 0212 0213 0214 0215 0216 0217 0218 0219 0220
0221 0222 0223 0224 0225 0226 0227 0228 0229 0230
0231 0232 0233 0234 0235 0236 0237 0238 0239 0240
0241 0242 0243 0244 0245 0246 0247 0248 0249 0250
0251 0252 0253 0254 0255 0256 0257 0258 0259 0260
0261 0262 0263 0264 0265 0266 0267 0268 0269 0270
0271 0272 0273 0274 0275 0276 0277 0278 0279 0280
0281 0282 0283 0284 0285 0286 0287 0288 0289 0290
0291 0292 0293 0294 0295 0296 0297 0298 0299 0300
0301 0302 0303 0304 0305 0306 0307 0308 0309 0310
0311 0312 0313 0314 0315 0316 0317 0318 0319 0320
0321 0322 0323 0324 0325 0326 0327 0328 0329 0330
0331 0332 0333 0334 0335 0336 0337 0338 0339 0340
0341 0342 0343 0344 0345 0346 0347 0348 0349 0350
0351 0352 0353 0354 0355 0356 0357 0358 0359 0360
0361 0362 0363 0364 0365 0366 0367 0368 0369 0370
0371 0372 0373 0374 0375 0376 0377 0378 0379 0380
0381 0382 0383 0384 0385 0386 0387 0388 0389 0390
0391 0392 0393 0394 0395 0396 0397 0398 0399 0400
0401 0402 0403 0404 0405 0406 0407 0408 0409 0410
0411 0412 0413 0414 0415 0416 0417 0418 0419 0420
0421 0422 0423 0424 0425 0426 0427 0428 0429 0430
0431 0432 0433 0434 0435 0436 0437 0438 0439 0440
0441 0442 0443 0444 0445 0446 0447 0448 0449 0450
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

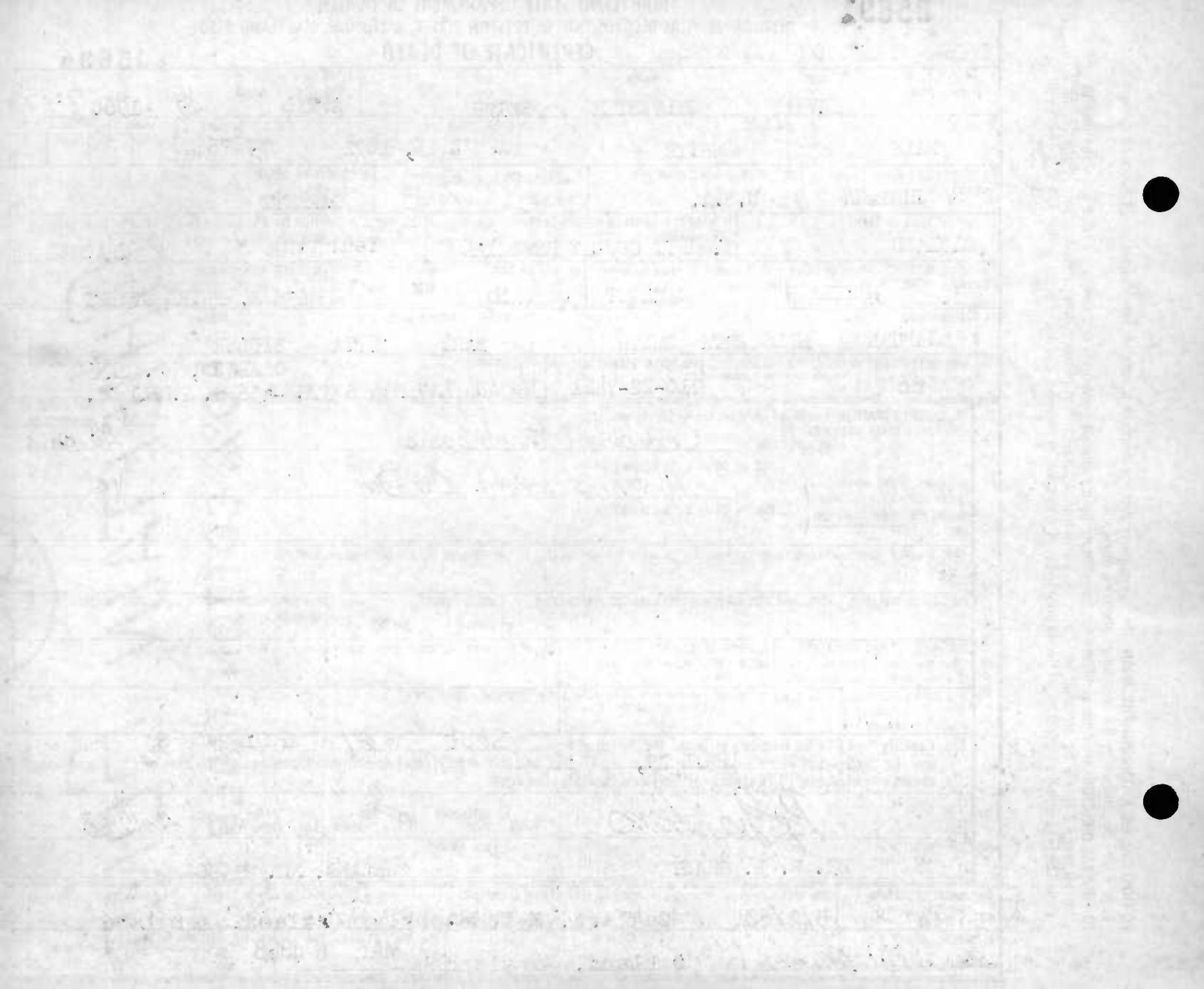
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CERTIFICATE OF DEATH

05694

1
 To HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
 Page 4 may be retained by the hospital or attending physician.
2
 To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First	Middle	Last	2a. DATE OF DEATH	Month	Day	Year	2b. HOUR	
ERVIN SYLVESTER SMITH			APRIL 25, 1892			29	1968	9:25 P.M.	
3. SEX	4. RACE	5. DATE OF BIRTH			6. AGE (In years last birthday)			IF UNDER 1 YEAR	
MALE	WHITE	APRIL 25, 1892			70	18	YRS.	MONTHS DAYS HOURS MIN	
7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>			9. COUNTY OF DEATH				
INDIANA	U.S.A.	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			GARRETT				
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)			12b. KIND OF BUSINESS OR INDUSTRY		
OAKLAND	GARRETT COUNTY MEMORIAL			Teaching			TEACHER		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER					
MARYLAND	GARRETT	OAKLAND	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	136 S. THIRD STREET					
14. FATHER'S NAME	First	Middle	Last	15. MOTHER'S MAIDEN NAME	First	Middle	Last		
SAMUEL	ELLSWORTH	SMITH		MARY	ETTA	BIBLER			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16b. SOCIAL SECURITY NO.	17. INFORMANT			18. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
no	216-22-7411	W* ADA LAVERTIA SMITH			29 days.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral thrombosis</u> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) <u>Arteriosclerotic CV Dis</u> DUE TO, OR AS A CONSEQUENCE OF (c)									
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) <u>4221</u>									
19a. MEDICAL CERTIFICATION		19b. DATE OF OPERATION			19c. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. 2D. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
							YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)				
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)			21f. LOCATION Street or R.F.D. No.	City or Town	County	State	
22a. I certify that (I) (this hospital) attended the deceased from Sept 19 67, to APRIL 29, 19 68, that (I) (we) last saw the deceased alive on APRIL 29, 19 68, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.									
22b. SIGNATURE		<u>B. L. Grant</u>			DEGREE	ATTENDING PHYS.	<input checked="" type="checkbox"/> MED. DIRECTOR	<input type="checkbox"/> STAFF PHYS.	22c. DATE SIGNED
22d. PHYSICIAN'S NAME (Type)		DR. B. L. GRANT			22e. ADDRESS			4-29-68	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORIAL			23d. LOCATION (City or Town)	(County)	(State)
Burial		5/2/68		Oakland, MD Cemetery			Oakland	Maryland	
24. FUNERAL DIRECTOR		ADDRESS			25a. REG'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE			
Gerald J. Minnick		Oakland, Maryland			MAY 6 1968	James J. Minnick			



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

05695

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)			First	Middle	Last	2a. DATE OF DEATH	Month	Day	Year	2b. HOUR		
Harriett Creighton Sowers						April	9		1968	5:25P.M.		
3. SEX		4. RACE		5. DATE OF BIRTH			6. AGE (In years last birthday)		IF UNDER 1 YEAR			
Female		White		Feb. 27, 1874			94 YRS.		MONTHS	DAYS	HOURS	MIN.
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>			9. COUNTY OF DEATH					
Garrett Co. Md.		USA					GARRETT					
10. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)			12b. KIND OF BUSINESS OR INDUSTRY				
Oakland		202 W. Pennington St.			Housewife			Own Home				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)		13b. COUNTY		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER				
Maryland		Garrett		Oakland				202 W. Pennington St.				
14. FATHER'S NAME		First	Middle	Last	15. MOTHER'S MAIDEN NAME		First	Middle	Last			
		Thomas	Jefferson	Shaffer	Mary		Martha	Riley				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16b. SOCIAL SECURITY NO.		17. INFORMANT			Address					
no		215-01-9066		Mrs. William Hardesty			Oakland, Md.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)												APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:												
IMMEDIATE CAUSE (a) <u>Pulmonary Edema</u>												<u>10 days</u>
4129 DUE TO, OR AS A CONSEQUENCE OF												
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) <u>Myocardial Failure</u>												<u>10 days</u>
DUE TO, OR AS A CONSEQUENCE OF												
(c) <u>Atherosclerotic Cardio-Vascular Disease</u>												<u>Unknown</u>
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)												
4221		19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY?		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
							YES <input type="checkbox"/>	NO <input type="checkbox"/>				
21a. ACCIDENT WAS UNDERLYING		21b. TIME OF INJURY		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)								
<input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		HOUR A.M. Month Day Year P.M.		19								
21d. INJURY OCCURRED		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.		City or Town		County		State		
While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>												
22a. I certify that (I) (this hospital) attended the deceased from <u>Sept. 19, 57</u> , to <u>April 9, 1968</u> , that (I) (we) lost saw the deceased alive on <u>April 8, 1968</u> and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.												
22b. SIGNATURE				DEGREE	ATTENDING PHYS.	<input checked="" type="checkbox"/> MED. DIRECTOR	<input type="checkbox"/> STAFF PHYS.	<input type="checkbox"/>	22c. DATE SIGNED			
22d. PHYSICIAN'S NAME (Type)		HERBERT H. LEIGHTON, M.D.		22e. ADDRESS			Oakland, Md. 21550					
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORIAL			23d. LOCATION (City or Town)		(County)		(State)	
Burial		4/12/68		Oakland Cemetery			Oakland Garrett		Md.			
24. FUNERAL DIRECTOR		ADDRESS		25a. REC'D BY REGISTRAR			25b. REGISTRAR'S SIGNATURE					
Gerald J. Minnich		Oakland, Maryland					APR 15 1968			Charles J. ...		

FOR STATE
HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05696

Any delay is
necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to
the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form
PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print)	First CHARLES	Middle WILLIAM	Last STRAWSER	2a. DATE KNOWN OF ESTI- DEATH MATED <input checked="" type="checkbox"/> 14-68	Month 19	Day 19	Year 68	2b. HOUR 8:20 M	
3. SEX Male	4. RACE White	5. DATE OF BIRTH 10/14/13	6. AGE (in years at birthday) 54	IF UNDER 1 YEAR MONTHS YRS	IF UNDER 24 HRS HOURS MIN.	2c. DATE PRONOUNCED DEAD Month 4 Day 14 Year 1968			2d. HOUR 8:20 M
7a. BIRTHPLACE (State or foreign country) W.Va.	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH Garrett,						
10. CITY OR TOWN OF DEATH Oakland		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital (give street address)) (DOA) Garr. Co. Mem. Hosp.			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Truck Driver			12b. KIND OF BUSINESS OR INDUSTRY County Roads	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md.	13b. COUNTY Garrett	13c. CITY OR TOWN Deer Park	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER Route 2, Box 121					
14. FATHER'S NAME Joseph	First Strawser	Middle 	Last 	15. MOTHER'S MAIDEN NAME Emma	First 	Middle 	Lost Parks		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16b. SOCIAL SECURITY NO. (If yes give war or dates of service) 219-14-6297	17. INFORMANT (Widow)	ADDRESS Mrs. C. W. Strawser, Rt 2, Deer Park			Md.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4109 (b) _____ DUE TO, OR AS A CONSEQUENCE OF (c) _____						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Sudden			
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 4201									
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)						
21d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/> AT WORK <input checked="" type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. City or Town County State						
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/> ACTUAL SIGNATURE <i>James H. Feaster, Jr., M.D.</i>									
22b. DATE SIGNED 4-14-68									
EXAMINER'S NAME (Type) James H. Feaster, Jr., M.D.									
23a. BURIAL, CREMATION REMOVAL (Specify) Burial									
23b. DATE 14/17/68		23c. NAME OF CEMETERY OR CREMATORIAL Eglon Cemetery			23d. LOCATION (City or Town) (County) (State) Eglon, Preston, W.Va.				
24. FUNERAL DIRECTOR John O. Durst		ADDRESS Oakland, Md.			25a. REC'D BY REGISTRAR DATE APR 16 1968				
					25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>				

82500

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

05694

05697

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1. DECEASED-NAME (Type or print)		First ALTA	Middle MABEL	Last SWEITZER	2a. DATE OF DEATH Month April	Day 7 , Year 1968	2b. HOUR 2:35M	
3. SEX Female		4. RACE White		5. DATE OF BIRTH Nov. 17, 1887	6. AGE (In years at birthday) 80		IF UNDER 1 YEAR MONTHS YRS.	IF UNDER 24 HRS. DAYS HOURS MIN.
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? USA		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	9. COUNTY OF DEATH Garrett			
10. CITY OR TOWN OF DEATH Mt. Lake Park		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) 400 E Street,		12a. USUAL OCCUPATION (Kind of work done during most of working-life, even if retired.) Housewife		12b. KIND OF BUSINESS OR INDUSTRY Own home		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland		13c. CITY OR TOWN Garrett		13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	13e. STREET AND NUMBER 400 "E" Street,			
14. FATHER'S NAME First Albert		Middle B.	Last Fitzwater	15. MOTHER'S MAIDEN NAME First Florence		Middle White		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No		16b. SOCIAL SECURITY NO. (If yes give war or dates of service)		17. INFORMANT James Wm. Sweitzer, Mt. Lake Park, Md.		Address (Son)		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 433.9		Cerebral Thrombosis yr.						
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 433.9		DUE TO, OR AS A CONSEQUENCE OF Arteriosclerosis generalized yr.						
DUE TO, OR AS A CONSEQUENCE OF (b) 433.9								
DUE TO, OR AS A CONSEQUENCE OF (c) 433.9								
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 332x								
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)				
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input checked="" type="checkbox"/> at work <input type="checkbox"/> at work <input checked="" type="checkbox"/>		21e. PLACE OF INJURY (At HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.	City or Town		County	State
22a. I certify that (I) (this hospital) attended the deceased from Scoville , 19 65 , to Apr. , 19 68 , that (I) (we) last saw the deceased alive on 4/7/68 , 19 68 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.								
22b. SIGNATURE B. L. Grant, M.D.		DEGREE B.S., M.D.	ATTENDING PHYS. <input checked="" type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED 4.9.68		
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS Oakland, Maryland						
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/10/68	23c. NAME OF CEMETERY OR CREMATORIAL Garr. Co. Mem. Gardens		23d. LOCATION (City or Town) Oakland, Garrett, Md.			(County) (State)
24. FUNERAL DIRECTOR John O. Durst		ADDRESS John O. Durst, Oakland, Maryland		25a. REC'D BY REGISTRAR DATE APR 11 1968		25b. REGISTRAR'S SIGNATURE Charles Judge		

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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05695		05698										
1. DECEASED-NAME (Type or print)		First ROBERT	Middle E.	Lost WERNER	2o. DATE OF DEATH Month APRIL	Year 1968	2b. HOUR M					
3. SEX MALE		4. RACE WHITE	S. DATE OF BIRTH MAY 10, 1934	6. AGE (In years last birthday) 33		IF UNDER 1 YEAR MONTHS 0		IF UNDER 24 HRS. HOURS 0		IF UNDER 24 HRS. MIN. 0		
7a. BIRTHPLACE (State or foreign country) MARYLAND		7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH GARRETT								
10. CITY OR TOWN OF DEATH FINZEL		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) RT. 2, FROSTBURG		12o. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) SAND GRINDER		12b. KIND OF BUSINESS OR INDUSTRY CEMENT						
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MARYLAND		13b. COUNTY GARRETT	13c. CITY OR TOWN FINZEL	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER							
14. FATHER'S NAME First CECIL		Middle WERNER	Lost MILDRED	15. MOTHER'S MAIDEN NAME First GARLITZ								
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown YES		16b. SOCIAL SECURITY NO. KOREAN WAR	16c. INFORMANT MRS. EFFIE SHOCKEY, RT. 2, FROSTBURG, MD.	Address								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		<i>Coronary occlusion - 1 day - years -</i>						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 493 X								DUE TO, OR AS A CONSEQUENCE OF C.V.D.				
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.		DUE TO, OR AS A CONSEQUENCE OF Osthema etc -										
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)												
241 X		19c. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20c. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
MEDICAL CERTIFICATION						YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY Hour A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)								
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (At HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.		City or Town		County		State		
22a. I certify that (I) (this hospital) attended the deceased from 4/21/67 to 9/23/68 , that (I) (we) last saw the deceased alive on 4/21/68 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.												
22b. SIGNATURE <i>J.B. Davis, M.D.</i>		22c. DEGREE M.D.		ATTENDING PHYS. <input checked="" type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED 4/23/68					
22d. PHYSICIAN'S NAME (Type) JOHN B. DAVIS, M. D.		22e. ADDRESS 2 BROADWAY, FROSTBURG, MD. 21532										
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 4-26-68	23c. NAME OF CEMETERY OR CREMATORIAL FINZEL CEMETERY		23d. LOCATION (City or Town) FINZEL, MD.		(County)		(State)			
24. FUNERAL DIRECTOR JOSEPH R. DURST, SR., FROSTBURG, MD. 21532		ADDRESS		25a. REC'D BY REGISTRAR APR 29 1968		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>						

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

05699

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, or during any event, within 72 hours after death.

1. DECEASED NAME (Type or print)	First Myrtle	Middle Estella	Lost Wilson	2a. DATE OF DEATH Month April	Year 9, 1968	2b. HOUR 12:05 M
3. SEX Female	4. RACE White	5. DATE OF BIRTH Feb. 15, 1880		6. AGE (In years lost birthday) 88	IF UNDER 1 YEAR MONTHS YRS.	IF UNDER 24 HRS. HOURS MIN. 00 00 00
7a. BIRTHPLACE (State or foreign country) Cumberland, Md.	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	9. COUNTY OF DEATH Garrett			
10. CITY OR TOWN OF DEATH Grantsville	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Goodwill Mennonite Home		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Housewife		12b. KIND OF BUSINESS OR INDUSTRY Housewife	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland	13b. COUNTY Allegany	13c. CITY OR TOWN Cumberland	13d. INSIDE CITY LIMITS? YES	13e. STREET AND NUMBER Williams Road		
14. FATHER'S NAME First William	Middle F.	Lost Wentling	15. MOTHER'S MAIDEN NAME First Virginia	Middle Davis		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No	16b. SOCIAL SECURITY NO. 212-54-8747	17. INFORMANT Mr. Harvey Wilson	347½ Bedford Street Cumberland, Maryland		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic brain syndrome		4379				
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 334x		DUE TO, OR AS A CONSEQUENCE OF (b) Circulatory disturbance DUE TO, OR AS A CONSEQUENCE OF (c) Cerebral arteriosclerosis				
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)						
19a. MEDICAL CERTIFICATION		19b. DATE OF OPERATION	19c. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <small>If either, notify medical examiner</small>		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. _____ City or Town _____ County _____ State _____			
22a. I certify that (I) (this hospital) attended the deceased from 2/19/68 , to 4/9/68 , that (I) (we) last saw the deceased alive on 4/8/68 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.						
22b. SIGNATURE G. Paige Strong,		2nd DEGREE ATTENDING PHYS.	MED. DIRECTOR <input checked="" type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED 4/10/68	
22d. PHYSICIAN'S NAME (Type) A. Paige Strong		22e. ADDRESS 167 E. Main St. - Frostburg, Md.				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 12, 1968	23c. NAME OF CEMETERY OR CREMATORIAL Mt. Herman Cemetery	23d. LOCATION (City or Town) Frostburg	(County) Allegany	(State) Md.	
24. FUNERAL DIRECTOR H. Lee Silcox	ADDRESS 404 Decatur St., Cumb., Md.	25a. REC'D BY REGISTRAR MDR 16 1968	25b. REGISTRAR'S SIGNATURE Charles Judge			

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6th month 1990